

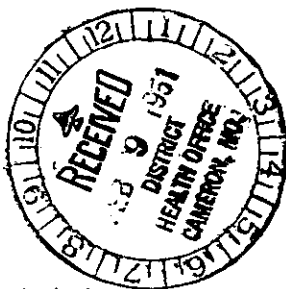
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 12 1951

State File No. 559

BIRTH NO.		REG. DIST. NO. 71		PRIMARY REG. DIST. NO. 3012		Registrar's No. 16	
1. PLACE OF DEATH a. COUNTY Clay				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs, Mo.		c. LENGTH OF STAY (If in this place) 60 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		3128	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR Veterans Administration Hospital INSTITUTION Excelsior Springs, Missouri				d. STREET ADDRESS (If rural, give location) 607 Main Street			
3. NAME OF DECEASED (Type or Print) Woodrow		a. (First) W.		c. (Last) Luntsford		4. DATE OF DEATH (Month) (Day) (Year) January 29, 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH August 19, 1915	
9. AGE (In years last birthday) 35		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter		10b. KIND OF BUSINESS OR INDUSTRY Cafe		11. BIRTHPLACE (State or foreign country) Stansberry, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Jess Luntsford		13b. MOTHER'S MAIDEN NAME Effie Harris		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 18 Not. rem.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hospital Records, Veterans Administration Hospital, Excelsior Springs, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis, pulmonary, far advanced, active, mammoth cavitation ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Unknown 002X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Nov. 30, 1950, to Jan. 29, 1951, and that death occurred at 2:20 a.m., from the causes and on the date stated above.							
23a. SIGNATURE ROY K. SMITH, M.D.				23b. ADDRESS Excelsior Springs, Missouri		23c. DATE SIGNED 1-29-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-30-1951		24c. NAME OF CEMETERY OR CREMATORY Wadsworth Cemetery		24d. LOCATION (City, town, or county) (State) Wadsworth Kansas	
DATE REC'D BY LOCAL REG. 4/30/51		REGISTRAR'S SIGNATURE Barolin Ditching		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hose Funeral Home, Excelsior Springs, Mo.			

(Licensed Embalmer's Statement on Reverse Side)



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed

James A. Moles

Licensed Embalmer No. *AV 3696*

P. O. Address *Ex. Springs, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.